Claims Clues

A Publication of the AHCCCS Claims Department January, 2002

Hospital Procedure, Dx Billing Rules Clarified

Hospital billers should ensure that the primary ICD-9 procedure is entered in the Principal Procedure field (Field 80) of the UB-92 claim form when submitting fee-for service claims to the AHCCCS Administration.

If the primary procedure is entered in any of the Other Procedure fields (Field 81) and the code entered in Field 80 identifies a non-covered procedure, the claim may be denied.

When billing for recipients eligible under the Emergency Services Program (ESP), hospital billers should ensure that the diagnosis code entered in the Admitting Diagnosis Code field (Field 76) clearly identifies the ESP recipient's emergent condition.

Claims for ESP recipients are reviewed by the AHCCCS Administration on a case by case basis. Claims must be submitted to AHCCCS with documentation that supports the emergent nature of the services provided.

Questions about *billing* should be directed to the AHCCCS Claims Customer Service Unit at:

- (602) 417-7670 (Phoenix area)
- (800) 794-6862 (In state)
- (800) 523-0231 (Out of state)

Questions about *covered services* under the ESP program should be directed to the AHCCCS Office of Medical Management at (602) 417-4241. ❒

ESP Claims to be Reviewed Case by Case

Claims for services provided to recipients eligible under the Emergency Services Program (ESP) will be reviewed by the AHCCCS Administration on a case by case basis.

Claims must be submitted to AHCCCS with documentation that supports the emergent nature of the services provided. For a claim to be considered for reimbursement, the services billed must meet the federal definition of emergency services:

Emergency services are services that:

- Are *medically necessary*, and
- Result from the *sudden* onset of a health condition with *acute* symptoms, and
- Which, in the absence of *immediate* medical attention, are reasonably likely to result in at least one of the following:
  - Placing the individual's health in *serious jeopardy*, or
  - *Serious impairment* to bodily functions, or
  - *Serious dysfunction* of any bodily organ or part.

Related Stories, Page 2

Providers must attach supporting documentation to the HCFA 1500 or UB-92 claim form submitted to AHCCCS for all services rendered to ESP recipients. The documentation must verify the medical emergency as defined in the federal guidelines. Providers should not attach the entire medical record.

Providers also must check the emergency box on the HCFA 1500 claim form (Field 24I). The Admit Type (Field 19) on the UB-92 must be a "1" to identify the services billed as an emergency.

Providers should continue to follow the billing instructions in the *Fee-For-Service Provider Manual.*

Questions about *covered services* should be directed to the AHCCCS Office of Medical Management at (602) 417-4241.

Questions about *billing* should be directed to the AHCCCS Claims Customer Service Unit at:

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ESP Claims from Physicians Require Documentation

All physician claims for services rendered to recipients eligible under the Emergency Services Program (ESP) providers must include documentation substantiating the medical emergency.

The October issue of *Claims Clues* indicated that physicians did not need to submit documentation for inpatient emergency services and for services rendered in an emergency room because the facility also would be submitting documentation.

However, because processing of physician claims could be delayed if AHCCCS did not have the facility's documentation available for review, it was determined that physicians should submit documentation for all services rendered to ESP recipients. This will allow AHCCCS to process physician claims faster, and it will also avoid AHCCCS having to ask for records during retrospective reviews.

Examples of documentation include operative reports, progress notes, summary letters, etc. The documentation must verify the medical emergency as defined in the federal guidelines. Providers should not attach the entire medical record. ❒

Providers Must Bill Delivery Only Codes for ESP Recipients

Maternity claims for Emergency Services Program (ESP) recipients must be billed using the appropriate CPT code for delivery services only.

Claims for ESP recipients billed with a global CPT code will be denied.

Previously, if providers billed using the global CPT code, AHCCCS would pay for delivery services only.

Providers may only bill the following codes for labor and delivery services for ESP recipients:

59409 - Vaginal delivery only

59514 – Cesarean delivery only

59612 - Vaginal delivery only, after previous Cesarean delivery

59620 - Cesarean delivery only, following attempted vaginal delivery after previous Cesarean delivery ❒

Comm Center Can Verify Premium Sharing Eligibility

The AHCCCS Communications Center is now able to verify the eligibility of individuals for the Premium Sharing program.

Effective January 1, this information is only available through the Communications Center. It will not be available on the Interactive Voice Response (IVR) system or Medifax.

To contact the AHCCCS Communications Center, call:

Phoenix: 417-7000

All others: 1-800-962-6690

The Premium Sharing Program is not a Medicaid program. It is funded by state dollars only. Individuals who have been determined eligible and pay the required monthly premium can receive a comprehensive package of medical services. Premiums are based on income and household size.

The program provides health care benefits to uninsured individuals who are U.S. citizens or qualified aliens and have gross household income at or below 200% of the Federal Poverty Limit (FPL). Individuals determined to be chronically ill may have gross household income at or below 400% of the FPL. Resources are not considered in the eligibility determination.

Persons must not have or have had any health insurance for the past 30 days, unless the loss of health insurance was involuntary. The individual cannot be covered by Medicare, Medicaid or be eligible for medical services through the Veterans Administration.

The number of people who can participate in this program is limited. Currently, individuals who are determined eligible are placed on a waiting list. ❒